

20
#18
An

Inaugural Essay

on

Cynarckie Crackealis.

by S. C. Snyder

admitted March 13th 1821.

Handwritten text, possibly a title or heading, appearing faintly on the page.

Handwritten text, possibly a title or heading, appearing faintly on the page.

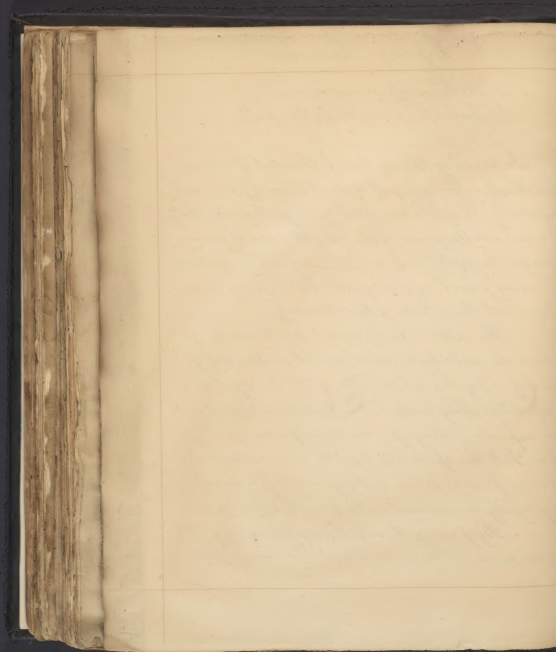
Prefatory Remarks

"Books, as affected are as men,
Pride often guides the author's pen."

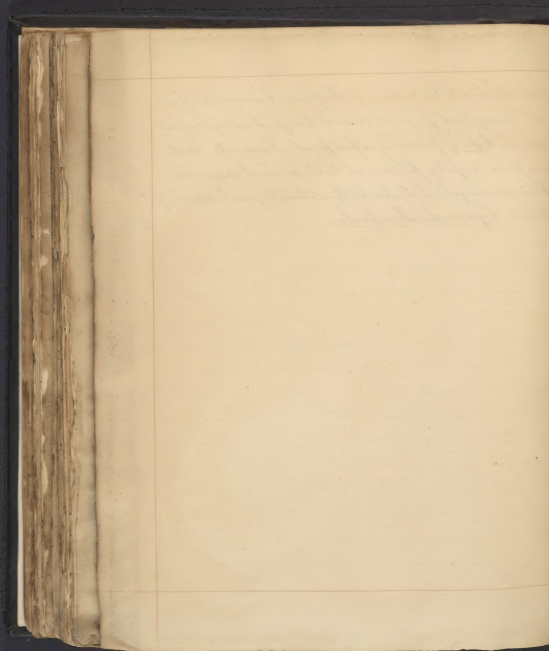
In presenting this my thesis to the ordeal of criticism, and thereby subjecting myself to the strictures of justice and impartiality, it will be remembered by the gentle reader, that it is not voluntary on my part; not with a view of gaining for myself the appellation of an Author; nor with an expectation of receiving personal aggrandizement; but it is solely in compliance with the institutes of this University.

The world is already crowded with thousands of futile works, and culpable indeed would I consider myself for intruding or projecting into the notice of the literary part of it, a dissertation of my own, (which in their estimation must sink into comparative nothingness) were it not for reasons alleged above. With this assurance too hoped the reader will make due allowance for imperfections, and pass over in silence what might justly be condemned in the forward, inflated author.

By pursuing the subject of my selection, very little original matter will be discovered in it; but having paid



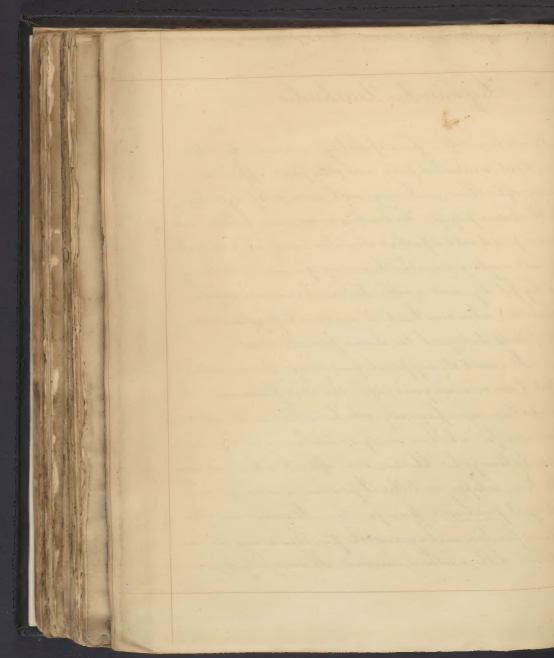
flout attention to the lectures of Professors Coxe and Chapman
and having had frequent cases of Croup, I indulge myself
with the hope of presenting a few practical remarks, that
may prove usefully subservient to the medical enquirer.
Thus encouraged, I hasten to the interesting and important
Subject, Cynanche Trachealis.



Cynanche Trachealis

Commences with a sense of chillness, succeeded by a hot skin, thirst, accelerated pulse, and other febrile affections, shortly after there is wheezing, with more or less dyspnoea. As the disease progresses, the breathing becomes more laborious, and is accompanied with a peculiar stridulous sound, which in speaking and coughing, resembles the cawing of a cock, or the barking of a big fat dog, with a cold. The sound is so very singular indeed, that when once heard, it can never be forgotten, and will of itself distinguish the disease from all others.

It occurs at any period from the age of six months, to that of six or seven years; after this it is seldom seen. It attacks those more frequently, who have short necks, who are robust and fat, who have sandy or red hair, and boys more frequently than girls. Children once afflicted with it, are very liable to a relapse, and this I presume is one chief cause making it peculiar to some families. It occurs more often in those families residing near the sea, than among the inhabitants of the inland countries. It manifestly arises



in most instances from a changeable, or cold humid atmosphere,
and hence is ~~most~~ prevalent in the spring and Autumn.

Notwithstanding, however, it appears as an epidemic in some
seasons, without any apparent dependence on the state of the
weather; and this it is believed was the case in the vicinity
of Alexandria, Egypt, in the Year 1799, the period at which
Gen. Washington bore it and acknowledged its supremacy.

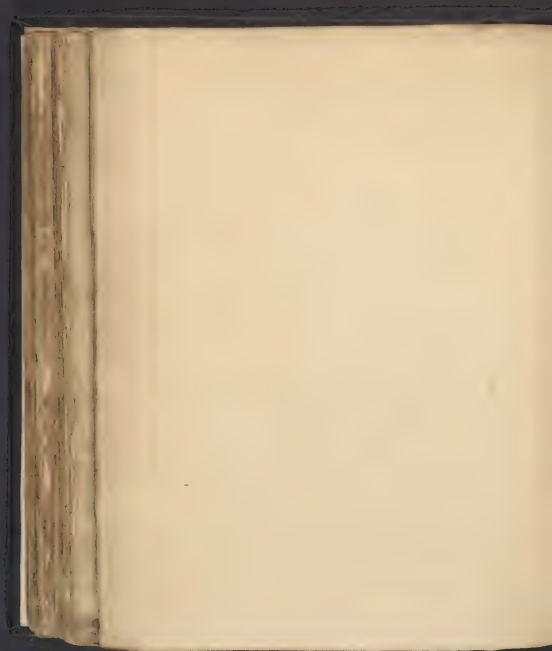
Until the middle of the last century, this complaint was
not known, or particularly described by any person. At this
period however, Dr. Home the friend and contemporary of
Dr. Cullen, gave a distinct account of it; since the publication
of which, many elaborate essays have appeared, and not a
little controversy has taken place, relative to its nature; some
contending that it is a spasmodic, and others an inflammatory
disease.

As for myself, I am decidedly of the opinion, that when
it attacks suddenly, and death promptly supervenes, it must
depend on spasm. The symptoms correspond with this view of
its pathology, and dissections most unequivocally confirm it;
for we find none of the phenomena of inflammation in such cases.

[Faint, illegible handwriting, likely bleed-through from the reverse side of the page.]

Notwithstanding this is sometimes the case yet I am induced to believe that it more frequently partakes of the nature of inflammation, solely or conjoined with spasm from the slow progress of the disease and from its not infrequently occurring in the remission of typhoid fever, typhoid fever & extending into the typhoid fever. No practical difference of any moment could be deduced from the distinction I shall not therefore debate, but proceed to the further consideration of the complaint.

By some the disease has been considered contagious but I think there is not the least foundation for the supposition. Agitated by cold which is its most frequent cause it will in some instances invade whole neighbourhoods and cities in great numbers forming evidently the most prevalent characteristics of an epidemic as above intimated. It would seem it is peculiarly circumscripted. Originating within the precincts of a city the gloomy recesses of a monastery, or in a neighbourhood, it will devastate those places without affecting the inhabitants in the surrounding country proving most satisfactorily, that it is not propagated by contagion. Dr. Chapman remarks that it has occurred in Texas which is that one mile from

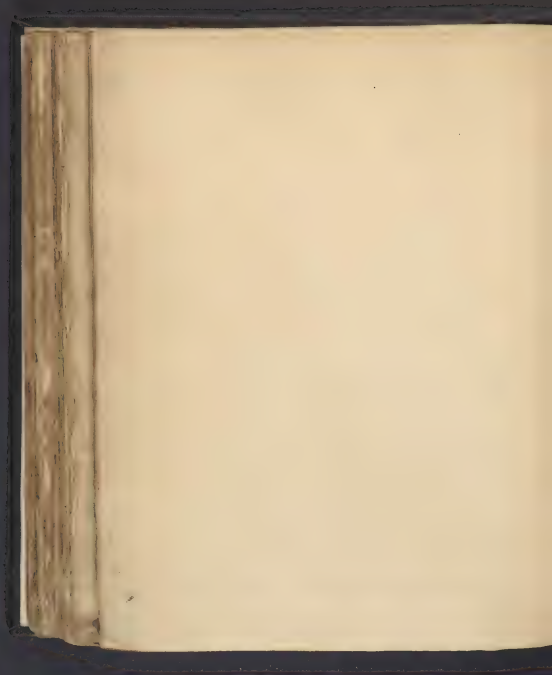


Edinburgh, while the latter place and country around remained uninvolved. A similar fact is also stated to have been the case at Little Leam near Buller's; all of which corroborate the above remarks.

Upon inspecting the bodies of these two fallen victims, & the disease we find not a vestige of inflammation, if indeed has been the cause but if dependent upon the former the trachea bronchia as well as ramifications, and in some instances the lungs* exhibit such appearances as might have been anticipated from the violence and protraction of the complaint. The trachea is inflamed and lined with a vessel matter resembling that excited by coughing or vomiting. In some cases however it has its flexibility, assuming various degrees of laxity and vol. * This is the membranous like connection or prolaminal membrane of which Cullen writes, and says so constantly appears. In this statement he has it from several of his best authorities; but I have seen Dr. Keil's paper and many others who have made repeated dissections. But as

* J. J. D. p. 11. 12. 13. 14. 15.

* H. H. H. H.



I say, my dear friend, that I am, in this
the 1st of the case, in the of the disease, but
suggested out of the disease, in order to see if it is
I had a patient with a cough, and the disease
was in a few days, in the 1st stage, but in sufficient
order of the disease, in order to see if it is
the 1st of the disease, in order to see if it is
the 1st of the disease, in order to see if it is
the 1st of the disease, in order to see if it is

That effusion or suppuration has taken place, we may be
assured from the sudden and considerable remission of pain,
from the stopping or gurgling kind of noise in respiration,
from the transient stoppage of respiration, from the full and
increased frequency of the pulse, from the abatement of the
feverish symptoms generally; whilst on the contrary, respiration
becomes more difficult and laborious every moment.

The progresses of this disease are to be formed from the
preceding remarks, as well as those contained in the sequel.
But in all cases the young physician, must guard against
being premature for a mistake of this kind will be corrected
by the parents, or relations of the patient, to ignorance which



The danger in young subjects particularly is derived from the difficulty of breathing. When the patient is restless in every position when he throws his head back as if to prevent suffocation, when after having been much prostrated his eyes screw into their orbit when they convulse & become fixed with dilated pupils when the difficult breathing is attended with a flushed or livid face when the pulse becomes quick, full, and irregular, each or all of these circumstances mark the great advancement of the patient to another crisis.

A diminution of the dyspnoea, tongue in and sticking of the face a soft pulse reduced in force and frequency, expectoration without violent or continued coughing,* and above all a restoration of the disease to its natural susceptibility, indicate a favourable termination of the disease.

From the remarks that I have given of the fatality of the complaint under consideration we are forced to the conclusion

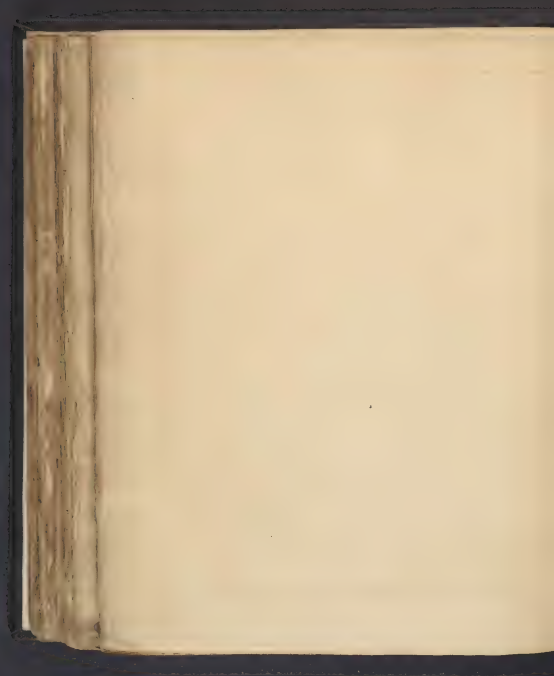
* Collapsing stage. At that the disease frequently ends without any expectoration or with full efforts attended with a full pulse, but it is that which is the consequence of the nature of the complaint.



and for all a considerable degree of compliance and without
that reluctance, or hesitation, which would necessarily arise
from a ignorance of it.

But in the treatment of the disease with opium
I would not then very urgent and as it is a depend measure
I would exhibit an emetic composed of a solution of tartarized
antimony with Lewis celebrated honey, which with the
aid of the warm bath and a brisk mercurial purge will
almost always with this stage effect a cure. If however the
emetic does not immediately operate or after operating and the
use of the other means already mentioned the disease seems
I would then repeat the emetic to and immerse the
patient in the Bath again, and again. The disease will gene-
rally yield at last to this treatment, or suffer a very considerable
remission; but here I would observe from the emphatic remarks
of the late as well as former experiences that whatever
may be the intensity of the complaint the attending physicians
will always by remaining a few hours, sometimes moments

* See his Antispasmodic Liquefactions.



consult the safety and ensure the recovery of his patient as well as his own reputation, which is the magnanimous business, or "first of great force" to the man of feeling and refinement: first is it to be remembered, that, of all diseases this is the most insidious with which we have to contend, and one of the most repulsive in the sight of a recurrence.

After having subdued as best we can the disease which is known by a removal of spasm or a free expectoration unless pain is so great as to require administration the hastened recovery in some violent doses, as recommended by Dr. Chapman, with a view of keeping down arterial action, to equalize the circulation, and avert a relapse. To the fever and free mouth experience in cases of croup I would give large and repeated doses of digitalis* either alone or in the shape of a mixture of equal, which would serve as an excellent vehicle, and be pleasant to the child. Tracheitis, anastomosis, it might together with the polterium should never be omitted. The patient must be clothed in flannel and nothing at night the antiplegmatic

* I have used this up to 1, and still do to my great satisfaction.



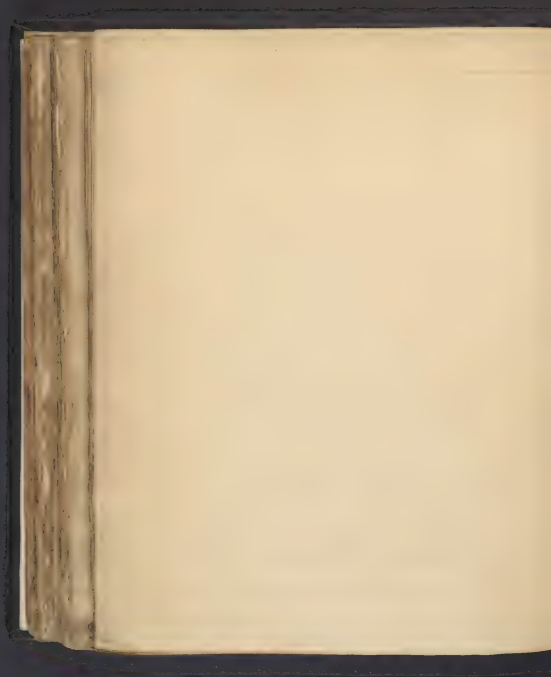
regimen. This diet may consist of boiled rice and analogous Farinaceous and mucous aliment and cold soft jellies &c. &c. I do not believe they have small beer, lemonade, flies and tea been tried.

The credit of giving Mercury in this disease particularly is due to our lamented and departed but immortal Foster, upon whom even when it has been liberally used and by some laboured, not using the suggestion, notably relied upon in the treatment of this very frequent and formidable complaint.

Dr. Hamilton Lecturer of Midwifery in the University of Edinburgh is one who has relied upon this mercurean medicine with so much confidence; and reports that in every case where he administered it, previous to the occurrence of loquacity of the lips, and other mercurial symptoms, he has completely cured the disease.

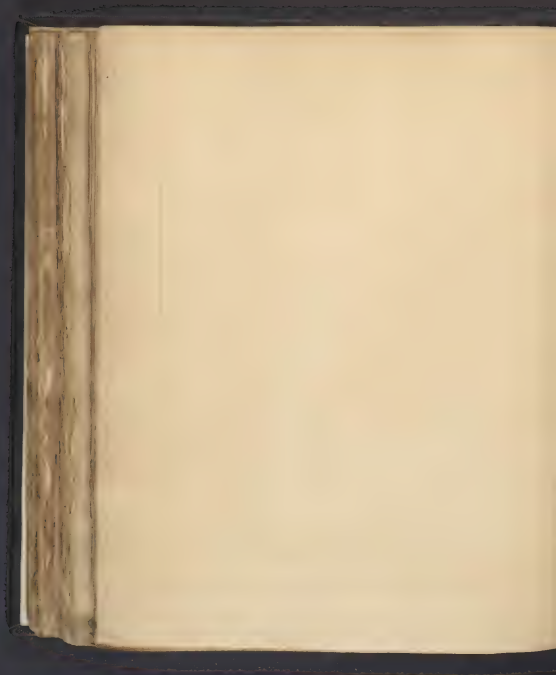
With all necessary deference to the Professor I have

* There is not always a mercurial syphilis; for even in it even very dry & encephalic children suffocate, the breath is crying.



in criticism is saying that the statement is false, and for the
most obvious reasons: first because Cullen has said that the
presence of which I have spoken, almost constantly appears
upon opening the bodies of those who died with the disease
having the white catarrhal surface of the upper part of the trachea,
and extending in the same manner downwards into some of its
ramifications; proving that the disease must have been more
extensive there in Edinburgh than it is with us: now if we
cannot rely upon the mercury alone, who have the disease in
a milder form, and as the relief we obtain in all cases
depending on inflammation, is in proportion to the quantity
of it, as is plain from what I have said by means of families
to, the authors of action must be in error, and worse than
that by the influence it might have upon the credulous as
emanating from such a source might prove the means of an
impossible hope to many a "wretched female". Therefore however
beneficial or efficient catarrhal may prove in its place we are
not to consider it the terra firma or anchor upon which to
repose or suspend the safety and well being of our patient.

Begging to be excused for this digression, hoping at



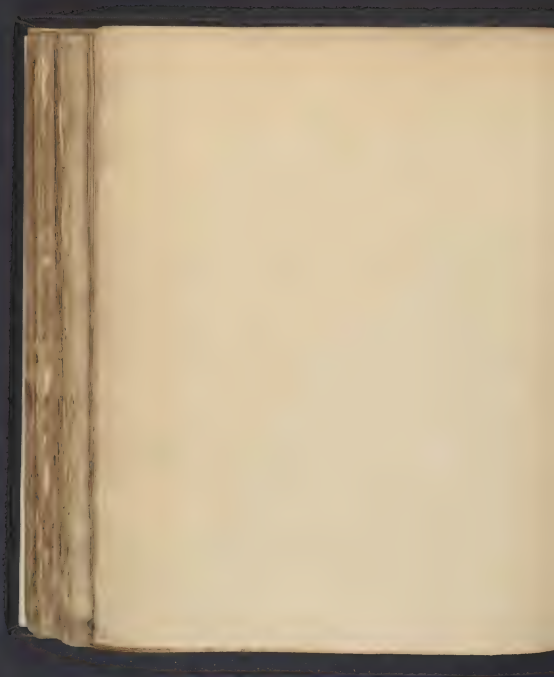
the same time that the consideration may be duly appreciated by every speculative practitioner. I shall proceed to the consideration or treatment of the second stage.

Closing the remarks on the early part of the disease, we can now be told of that stage, which is the consequence of its original violence of some indiscretion in the management or neglecting to select the aid of a physician in due time.

The disease being divested of its "showy clothing" or gaud of inflammation which it so lately wore, now exhibits an aspect terrible, alarming; and exposes the patient to the utmost jeopardy, from the danger of suffocation; which may be produced by spasm (by a thickening of the parietis of the trachea if it is dependant on inflammation: which of course contracts its natural diameter, and finally by effusion.

In the commencement of an attack the patient is uneasy and restless; has, more or less, some difficulty of breathing which becomes more tedious and shrill; the eyes, which

* The reader will excuse me for using metaphorical expressions as they are intended to express upon how much the illness character of the disease.

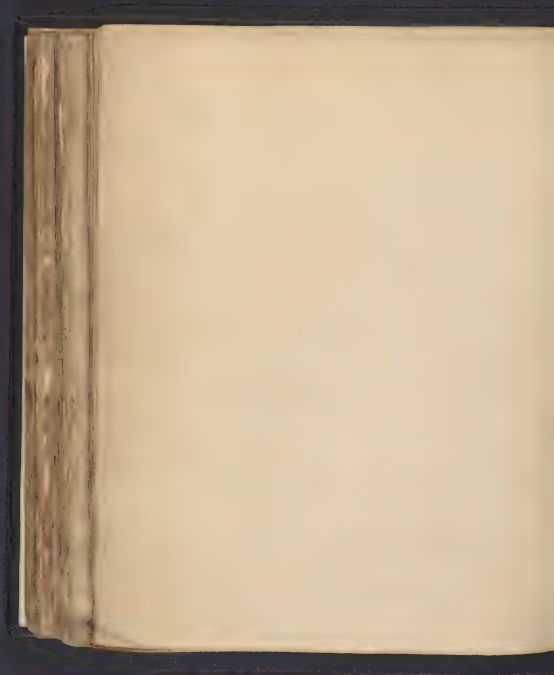


at first were suffused in tears, eye now inflamed, and more
or less protruded the pupil which I think I can say with truth,
is not always to be relied upon. is most generally quickened
and lute, and if the patient is not speedily and perfectly re-
lieved, he is hurried into the second stage or that which pre-
cedes suppuration or effusion into the lungs.

In this, we find all the foregoing symptoms greatly aggravated.
The eyes are more protruded, the pupils dilated, the flushing
which in some cases passes in great accession from cheek to
cheek, becomes fixed and obscure. the face is tinged. the lips
partake of the tumefaction and become livid - deglutition is
performed with great difficulty. the dyspnoea is augmented
the child heaves its little breast with agonizing efforts, until
at last, gasping almost suspended, it throws it head
back, making kind of convulsive efforts in the agonizing escape
suppuration.

I began the treatment of the first stage with an emetic; but

* Some Anatomists deny the possibility of dilating the Utricle by in-
spiration. but I must differ from them as regards it. I think it is possible.
But I think it is rare.



in this I would bleed without delay in order to remove the super-
fluous of the blood to the action of the circle before the way
for the introduction of other venation and circulation with more
precision the true character and extent of the disease. This last
consideration must always be attended to for some cases appar-
ently of the most desperate kind yield without much difficulty
and vice versa. Provisio to suppuration or effusion, we may
bleed in many cases and delegimus animi, for there are persons
who by peculiarity of constitution find ease upon a small
bleeding. This would prevent the drawing of so much blood as
the case requires but as the same persons are found to bear
after bleedings better than the first, we are allowed to carry
the second and subsequent venesections such an extent as the
symptoms may seem to demand. In pursuing the necessary
course of violence with the disease, we are not to be governed
by the remarks of spectators who will tell us probably that
our remedy is more than the disease, but by the age and
vigour of the patient, as well as the activity of the disease,
and the effects produced.

Whilst we detract blood from the general circulation

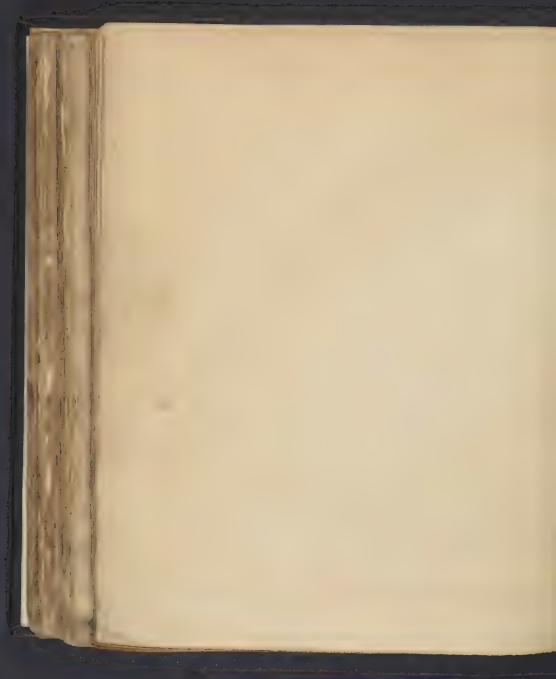


* we may apply leeches to the throat or cupping instrument to the back as recommended by almost every author; but if I have not mistaken they may be dispensed with without any inconvenience to the cure by physicians, who will not in all probability be able to procure the fever, and the latter almost every author will object to; besides I think that scarifying the gums of very young subjects, and opening one or more of the fistulous ulcers when the child is advanced to the age of two or more years, will, actis is pariter, be productive of as much benefit.

During the flow of blood the patient may be put into the bath² and continued there until there is a sense of syncope, a great relaxation of the fever. He is now profuse and may take of cooling solution of that kind as sulphuric, in graduated doses, until vomiting is reduced.

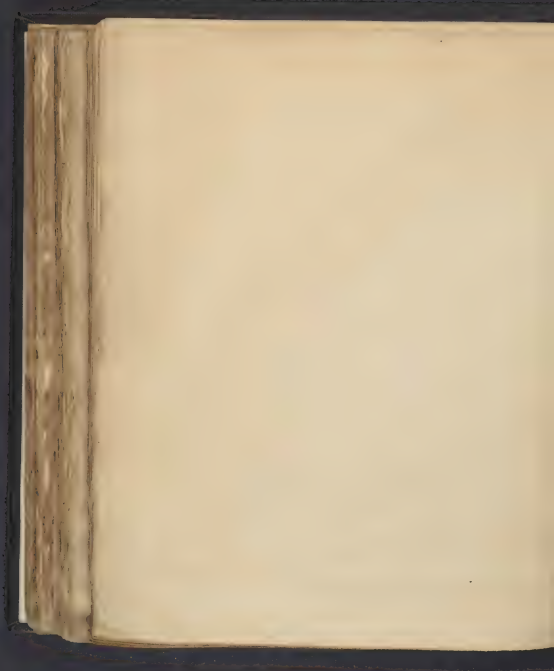
² In the American Medical Recorder for October 1820, I observe a report of a Philadelphia physician of a New York friend, against the propriety of ever using the foot as a source of relief, leaving third point there in cases of typhus. Whether by revulsion there results the most eligible path to temperate, I cannot form an accurate opinion.

³ This should be about 40 Degrees Fahrenheit.



After adopting these means, if vomiting or purging
however did not ensue, I would immerse the patient again in
the bath, and give the submergite of mercury in the greatest
possible quantity as recommended by T. Hope, that is,
six eight or ten times more than an ordinary dose. I would
also apply a large blister to the throat or back, which under
these circumstances would prove highly beneficial. I say
under these circumstances, because it is not to be resorted to
immediately after the first bleeding, as Sherrin has often
thus recommended, for it is evident that if the pulse is not
sufficiently reduced in force & frequency, it will be injurious
by the irrit. then it excites, rendering the loss of blood of little
or no avail, but when spasm is sufficiently evicted
it will prove an invaluable remedy and should be kept
up during the continuance of the disease.

Cautious and truly obtuse indeed must be the man
that will not yield to this treatment, but such as the v. & L
anxiety feel that instances of the fatal dyspnoea they happen
in the evening, at least in the north western parts of England,
where the physician is removed from his patient, or after leaving

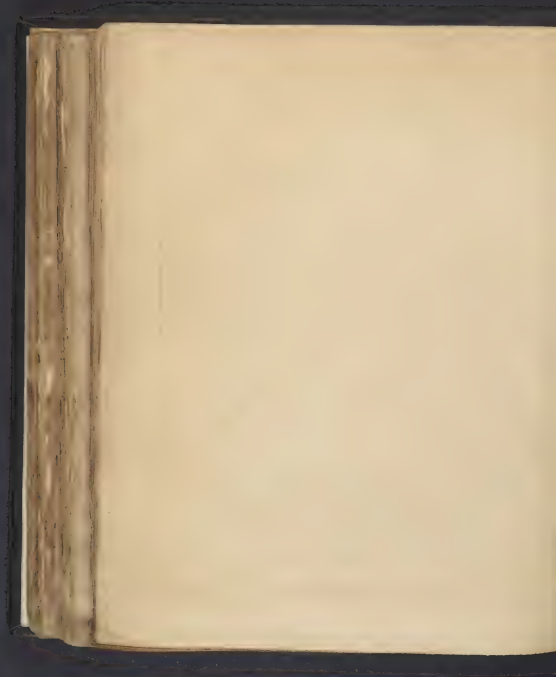


Even apparently subdued, they sometimes recur in the absence
and before he can properly return the child is hurried along
the "avenue" to death.

When suppuration or abscess has taken place forming
Empyema thoracis, in horrida forma, the least must be
done with great circumspection indeed. The efforts of nature
must be attentively watched; the finger must be placed on the
pulse during the flow of blood, and the system must never
be debilitated by it so as not to prevent reaction. The other
remedies that I have proposed for the preceding signs are
applicable to this, when properly modified by the good sense
of the attending Physician.

With a view to prevent suppuration, Thomas says, it
would be right to open a vein, and inject a solution of
bistard and camphire into it. Others have proposed the operation
of torrenation.

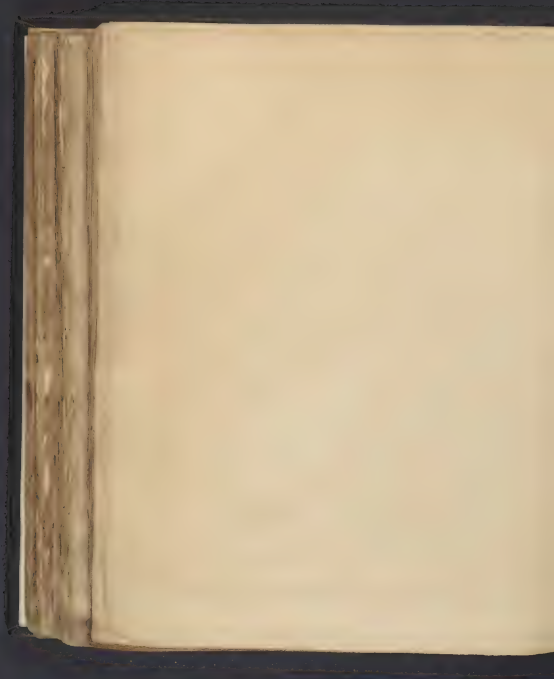
With regard to the suggestion of Thomas I presume
few in this country would avail themselves of it, as the worst
blood and most offensive fluids injected into the vein, have
proved instantly fatal. The other operation would not be



Productive of any advantage for many reasons. The most important of which are, first the very rare appearance of that new bronch, which it is the object of the surgeon to remove in performing the operation. Secondly, supposing it did occur in all cases he could probably extract the upper part of it but could not remove the lower portion which with the presence of the same filth in a great measure the ramifications of the bronchiae: and of course would be the chief or deep pointed in this operation.

I believe that proper position in the stage will effect more than the knife can, or ever will do; and in all cases of empy should be attended to; for it lessens the determination of blood to the part, and considerably prevents if it does not prevent suppuration.

I have now laid down the treatment as recommended by the best authors with little deviation, but as I think it not yet complete, or calculated to answer our purpose under all circumstances in the country I will beg the indulgence of the reader whilst I state a case that occurred, in a "Charlotten Vierge", and make upon it a few pertinent remarks.

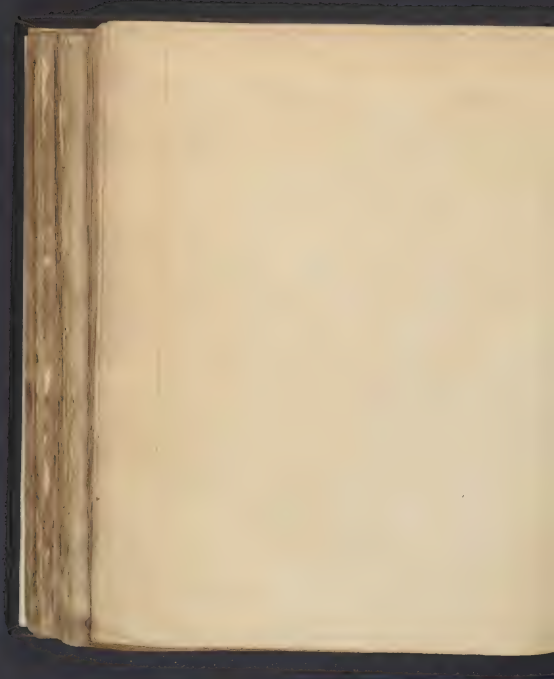


Last² September I was called to see a patient residing
five miles from the above mentioned place; and as my Prescrip-
tion Office was closed at the time I was comp^d to depart
with such medicines as I could hastily procure. These con-
sisted of two ounces of ven and six grains of calomel, six
leaves of jalap, a blistering plaster and Lassar.

Upon entering the patients apartment I found them
labouring under the second stage of Group, (as I have taken
the liberty to call it,) or that preceding the effusion of
matter into the lungs. He was very fat, and but two years
old.

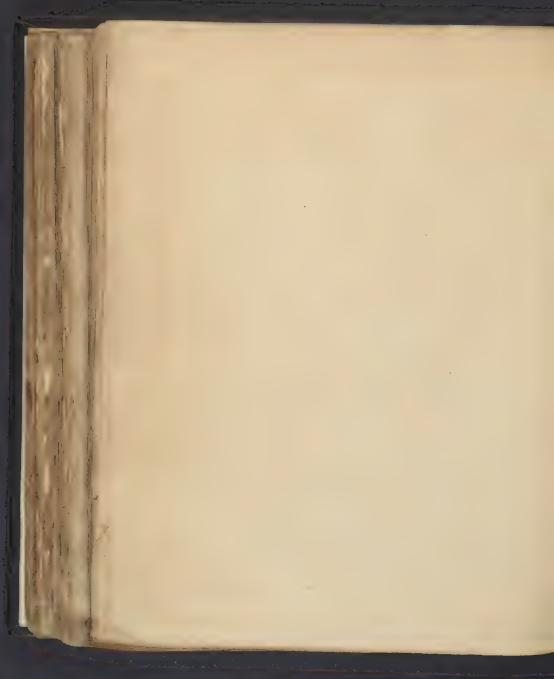
Without delay I opened a vein and took away five ounces
of blood, knowing that I had few medicines to depend on
which had a remarkable effect up: this I thought it
not proper to repeat. I then put him into the bath and
commenced with the wine.

Within two hours he lost three more ounces of blood
was immersed again and again in the bath took all of
his wine, the frictions were applied to his throat the
cathartic given and injections of salt and water made



those of the nation that will proceed absolutely for very soon
after the period lost is should be immediately taken off.

Lewy - would not an inspection of the laborer's posture
or his powers, have saved this patient to life, and might it not
prove immensely useful in very many cases of Group occurring
in the country? We might a priori answer at once
in the affirmative. There is not a more powerful root for
syndesis in the vegetable kingdom, and it will at the same
time, concentrate the stomach and intestines having senses
"a week behind". The only objection that could possibly be
alleged against it is that it is a dangerous remedy; but
I would remark that this is as desperate a disease, and the
judgment of the physician is ever much exerted in bleeding
top of as it would be to a patient the last resort. I
am aware of the sometimes reception with which innovations
meet, particularly when it comes from the pen of a young man,
and shall therefore leave the propriety of giving or refusing
the suggestion for him, and experience to determine. The
fact is more than a thousand times, opening him over
the productions of ages as they roll along. The last is that



delicate test by which we ascertain their intrinsic value,
enabling us to disseminate throughout the world, the
blessings and comforts they may respectively afford.

